

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003957

1. Corporation Name

INTER-TRIBAL COUNCIL OF AT&T EMPLOYEES, INC.

Principal Place of Business

ATTN: ANN O'NEAL
6021 S. RIO GRANDE AVE., RM 1E2-198
ORLANDO FL 32809
US

Mailing Address

ATTN: ANN O'NEAL
6021 S. RIO GRANDE AVE., RM 1E2-198
ORLANDO FL 32809
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1995

4. FEI Number

58-2152314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

O'NEAL ANN
6021 S. RIO GRANDE AVE.
RM 1E2-198
ORLAND FL 32809

10. Name and Address of New Registered Agent

81 Name

CHRISTINA WICKENHEISER

82 Street Address (P.O. Box Number is Not Acceptable)

851 TRAFALGAR CT RM 1WC017

83

MAITLAND

84

MAITLAND

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
O'NEAL, ANN
STREET ADDRESS
6021 S. RIO GRANDE AVE., RM 1E2-198
CITY-ST-ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
BERLEPSCH, LINDA
STREET ADDRESS
3210 LK EMMA RD., RM 4D362
CITY-ST-ZIP
LAKE MARY FL

TITLE ☐ DELETE

NAME
WICKENHEISER, C
STREET ADDRESS
851 TRAFALGAR CT
CITY-ST-ZIP
MAITLAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann O'Neal ANN O'NEAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

Date

(407) 858-8492

Daytime Phone #

CR2E034 (1/98)